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Effective on 12/08/2004.
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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Control Number

| | | | |
|---|--|---|--|
| FEE TRANSMITTAL For FY 2008 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known Application Number 10/773,773-Conf. #8486 | |
| | | Filing Date February 5, 2004 | |
| | | First Named Inventor Timothy F. KOWALIK | |
| | | Examiner Name D. H. Shin | |
| | | Art Unit 1635 | |
| TOTAL AMOUNT OF PAYMENT (\$) 930.00 | | Attorney Docket No. UMY-079 | |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 12-0080
 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 99 - 90 = 9 x 25.00 = 225.00 Fee (\$) Fee Paid (\$)
 HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 7 - 12 = x =
 HP = Highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____ | _____ | _____ | _____ | _____ |

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | 525.00 |
| 1806 Submission of an Information Disclosure Statement | 180.00 |

| | | | |
|---------------------|---------------------------|-------------------------|-------------------|
| SUBMITTED BY | | Registration No. | Telephone |
| Signature | | 46,931 | (617) 994-0781 |
| Name (Print/Type) | Debra J. Milasincic, Esq. | Date | November 30, 2007 |



Approved for use through 10/31/2007. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|------------------------|
| Application Number | 10/773,773-Conf. #8486 |
| Filing Date | February 5, 2004 |
| First Named Inventor | Timothy F. KOWALIK |
| Art Unit | 1635 |
| Examiner Name | D. H. Shin |
| Attorney Docket Number | UMY-079 |

ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/
Incomplete Application

☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☐ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ Landscape Table on CD

☐ After Allowance Communication
to TC

☐ Appeal Communication to Board of
Appeals and Interferences

☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please
Identify below):

Return Receipt Postcard
Copies of 11 Cited References
PTO Form SB/08

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name LAHIVE & COCKFIELD, LLP

Signature

Printed name Debra J. Milasincic, Esq.

Date November 30, 2007

Reg. No. 46,931